

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Tom Reed for Congress

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City	State	Zip Code
Atlanta	GA	30354-1989

Purpose of Disbursement  
travel

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2013

Amount of Each Disbursement this Period

12345678901234567890	218.8
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Transaction ID : B-S-173

**[MEMO ITEM]**

Subitemization of Visa Cardmember Service(05/07/13)

**B. Radisson Hotel Corning**

Mailing Address 125 Denison Parkway E

City	State	Zip Code
Corning	NY	14830-2704

Purpose of Disbursement  
catering

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2013

Amount of Each Disbursement this Period

12345678901234567890	886.9
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Transaction ID : B-S-180

**[MEMO ITEM]**

Subitemization of Visa Cardmember Service(05/07/13)

**C. Visa Cardmember Service**

Mailing Address PO Box 790408

City	State	Zip Code
Saint Louis	MO	63179-0408

Purpose of Disbursement  
see below

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2013

Amount of Each Disbursement this Period

12345678901234567890	12271.95
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Transaction ID : B-E-8484

Original vendors exceeding reporting threshold itemized as memo transactions.

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12271.95
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